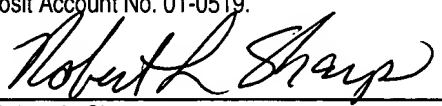


2004 FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: S-225M		
Serial No. 09/991,119	Filing Date November 13, 2001	Examiner Robert Clinton Hayes	Group Art Unit 1647			
Re Application of LEU-FEN H. LIN et al.						
For GLIAL CELL LINE-DERIVED NEUROTROPHIC FACTOR						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input checked="" type="checkbox"/> One month of original due date (\$110.00)						
<input type="checkbox"/> Two months of original due date (\$430.00)						
<input type="checkbox"/> Three months of original due date (\$980.00)						
<input type="checkbox"/> Four months of original due date (\$1,530.00)						
<input type="checkbox"/> Five months of original due date (\$2,080.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:						
<input checked="" type="checkbox"/> is filed herewith.						
<input type="checkbox"/> has been filed.						
<input type="checkbox"/> The response is the filing of a continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	6	Minus	9 =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$88	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$300 = 0.00
Total Additional Fee for this Amendment					\$0.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.						
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers.						
<input type="checkbox"/> Other: _____						
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ <u>110.00</u> . A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To:						
US Patent Operations/RLS				Robert L. Sharp		
Dept. 4300, M/S 27-4-A				Attorney/Agent for Applicant(s)		
AMGEN INC.				Registration No.: 45,609		
One Amgen Center Drive				Phone: (805) 447-5992		
Thousand Oaks, California 91320-1799				Date: December 1, 2004		

EXPRESS MAIL CERTIFICATE

Express Mail mail labeling
number:

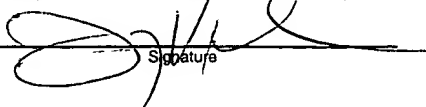
EL732819970US

Date of
Deposit:

December 1, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Joyce Vogel
Printed Name


Signature